



Health Literacy

What is it?

In general, health literacy is not simply the ability to read, but the ability to understand medical instructions, educational brochures, doctor's directions, or even your own medical benefits. This fact sheet is designed to help you understand the terminology within your benefits.

EPO Plan

Exclusive Provider Organization (EPO) insurance plan allows access to health care from a network physician, facility, specialist, or other health care professional without designating a Primary Physician or obtaining a referral. With an EPO plan, there are no deductibles to meet, claim forms or bills, and benefits are available for office visits and hospital care, as well as inpatient and outpatient surgery. Typically EPO plans do not cover services that are out-of-network. However, with the Benefit Options EPO plan, out-of-network services are covered in emergency situations only.

PPO Plan

Preferred Provider Organization (PPO) insurance plan allows members to see in-network and out-of-network providers. Although members have this freedom, in-network providers are covered at a higher benefit level than out-of-network providers. Therefore, it is important to see if the provider you choose is in-network so you receive the highest level of benefit coverage. The downside of PPOs is that members, in addition to an office copay, will have an annual deductible to pay before the insurance company starts covering your medical bills.

High Deductible Health Plan (HSA Option)

A high-deductible health plan (HDHP) is an insurance plan which has lower monthly premiums but a higher annual deductible. Like the PPO plan, HDHP members can see in-network and out-of-network providers. However there are higher deductibles for out-of-network providers. If an employee enrolls in the Benefit Options HDHP, he/she is automatically enrolled in a Health Savings Account (HSA). An HSA is a special type of account that allows tax-free contributions, earnings, and healthcare-related withdrawals. With the HSA you have no "use-it-or-lose-it" rule. Unused funds will rollover from year to year allowing members to create a healthcare nest egg.

Tips for Choosing the Plan that is Right for You

- Do your math. Consider:
 - The types of medical care you typically need.
 - How many times you see the doctor in a year.
 - How many prescription medications you take.
- Are the providers you are seeing in-network or out-of-network?
- Can you afford a high-deductible or do you prefer a simple and predictable co-pay?